

# SKINCARE IN THE WORKPLACE

## OHS Policy Document: OHS 01/11

### Introduction

Occupational skin disorders are one of the commonest occupational diseases reported in the UK. They arise from skin contact with substances encountered in a work setting. Such problems can have considerable impact on the individual causing discomfort, skin infections, sickness absence and occasionally termination of employment. Evidence suggests that strategies to prevent such problems including control of exposure and training of individuals significantly reduce their incidence. Occupational skin disorders include the worsening of pre-existing skin problems such as eczema.

### Conditions covered by this policy:

#### Part A: Contact Dermatitis and Urticaria

#### Part B: Sun-related Skin Disease

Substances which are caustic to the skin are covered in the [University Policy S6/05: COSHH Regulations](#) as are other skin carcinogens.

## PART A:

### Contact Dermatitis and Urticaria

Contact dermatitis accounts for up to 90% of all occupational skin disease. It occurs as a result of repeated contact with substances that cause either irritation or specific sensitisation (allergic contact dermatitis and urticaria)

#### Irritant Contact Dermatitis

Most contact dermatitis is caused by contact with irritant substances. Irritants at work include 'wet work' ('wet work' is defined as hands immersed in water for 2 or more hours per day or washed more than 20 times per day) solvents, detergents, degreasers, alcohols, cutting oils, coolants, degreasers, disinfectants, petroleum products, soaps and cleaners and repeated friction. Individuals that may encounter irritants at work include cleaners, caterers, engineers, laboratory workers and those working in healthcare.

#### Allergic contact dermatitis (ACD)

This is caused by sensitisation of the individual's immune system to a specific substance such as rubber chemicals (e.g. epoxy resins), metals (e.g. nickel, cobalt, chromates), preservatives, biocides, acrylics, colophony (pine resin) and plants. Once an individual has developed ACD to a substance the problem is lifelong. They may react to increasingly smaller amounts of it in the workplace and a change of occupation may be necessary.

#### Contact Urticaria

After sensitisation to certain proteins and some low molecular weight agents (e.g. natural rubber latex, laboratory animal allergen) individuals may experience a rapid skin response with wheals and hives which occasionally leads to asthma and circulatory collapse ('anaphylaxis').

## Prevention of Occupational Skin Disease

### Risk Assessment

To reduce the incidence of occupational skin disorders the employer must undertake a risk assessment to assess the workplace to identify skin hazards and the risk of exposure (as outlined in University Policy Statement S6/05 COSHH Regulations).

Skin hazards may be identified using the Material Safety Data Sheet information (available freely on the World Wide Web). A list of common irritants and sensitisers encountered occupationally is available at: <http://www.hse.gov.uk/skin/professional/causes/agentstable1.htm>

The 'Hazard Statement Codes' of products that are harmful but not immediately toxic to the skin include:

H315: causes skin irritation

H316: causes mild skin irritation

H317: may cause allergy in skin

The Global Harmonisation System pictogram for substances hazardous to skin is an exclamation mark.

[/media/global/wwwadminoxacuk/localsites/occupationalhealth/Hazard\\_sign.png](/media/global/wwwadminoxacuk/localsites/occupationalhealth/Hazard_sign.png)

### **Control Measures**

Exposure to agents hazardous to the skin should be avoided by elimination or substitution in the first instance. Where this is not possible, effective control of exposure at source should be implemented as far as is reasonably practicable by automating or enclosing the process or using techniques such as mechanical handling to distance the worker from the substance. If the possibility of contact with such substances cannot be eliminated, gloves suitable for the task must be provided. The occlusive effect of the gloves may also irritate the skin for some individuals and additional cotton liner gloves can help prevent this. Gloves should be changed after 2-3 hours use because the barrier effect becomes compromised after extended use.

After-work emollient creams help to prevent the development of occupational contact dermatitis. They should be readily available in the workplace and their use encouraged. Current recommended emollients are those without perfumes and include Vaseline, Diprobase, Emulsifying Ointment BP or Hydromol. Abrasive scrubs should not be used to clean the skin and the mildest soap suitable for the task identified

### **Training**

Employers must identify the employees at risk and ensure they are suitably trained regarding:

- The risk from the occupational hazards present and the controls in place to reduce it
- Skin care during and after work including the use of after work emollients
- Correct glove use
- The need for health surveillance and early reporting of any skin problems.

A responsible person, usually the Departmental Safety Officer should be appointed to provide this and a brief training course to support them undertaking such training is available from the Occupational Health Service. The Occupational Health Service has produced a leaflet 'Skincare at Work and at Home' which may be freely distributed to any employee undertaking such work.

Employees and Departmental Safety Officers may access training information from the Occupational Health Service website 'Skin' page on the following subjects:

- Safe glove removal
- Work with mineral oils
- Occupational dermatitis.

### **Health surveillance under COSHH**

Employers are required to arrange for suitable health surveillance (COSHH Reg. 11) where:

- There is exposure to 'wet work' and/or substances known to cause dermatitis **and**
- There is a reasonable likelihood that the working procedures in place would lead to dermatitis. In other words, hands are in direct contact with 'wet work' and/or chemicals **and** there is evidence that the exposure is taking place regularly.

Individuals must register for Health Surveillance under COSHH using Registration Form (HS1) downloadable from the Occupational Health website. Surveillance will be in the form of a baseline inspection followed by annual questionnaire

### **Management of Cases**

Symptoms that suggest possible occupational dermatitis will be investigated further by the Occupational Health Service and the outcome reported to the individual and their Head of the Department. Confirmed cases must be reported to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

### **Pre-employment Considerations**

Job descriptions (and descriptions of course work, visitor programmes etc.) must contain enough detail for people with pre-existing allergy to make an informed decision on whether to apply. It is also important to describe the requirements for gloves because some people may be unable to use the

required PPE. Occasionally, the Occupational Physician may advise that work with a certain substance is not appropriate for an individual with pre-existing contact urticaria or ACD.

## **PART B**

### **Sun exposure related disorders**

Repeated exposure to Ultraviolet radiation in sunlight can cause changes in the skin and eventually skin cancer. Working outdoors in the middle of the day, (11.00hrs to 15.00hrs) (particularly in those with fair skin, many freckles, multiple moles or a family history of skin cancer) increases the risk of certain skin cancers.

Employers must undertake a risk assessment of such work and reduce the risk to their workers from UV radiation as far as is reasonably practicable. Controls that should be considered include:

- Training your outdoor workers about the risks associated with sun exposure
- Alteration of duties to avoid work outdoors between 11.00 and 15.00 in the summer months
- Provision of wide brimmed hats, long-sleeved shirts and high factor (factor 15 or above + 5-star UVA) sun cream for any employee undertaking such work
- Advice to report any changes in their skin to their general practitioner promptly.

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**This policy should be read in conjunction with other relevant University of Oxford Policies, in particular: Policy Statement S3/02: Personal Protective Equipment at Work Policy Statement S6/05: COSHH Regulations Policy Statement OHS2/06: Policy on Natural Rubber Latex Gloves**